

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889841
APPLICANT(S)
FILING DATE

CLAIMS					
AS FILED.		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10		9			
11	1				
12	1				
13	1				
14	3				
15	1				
16	1				
17	1				
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37					
38					
39					
40					
41					
42					
43					
44	1				
45	1				
46	1				
47					
48					
49					
50					
TAL	8				
TAL	19				
TAL	27				
*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS					